

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jun 22, 2009  
Secretary of State**

DOCUMENT# N05000011173

Entity Name: CENTRAL CHRISTIAN UNIVERSITY, INC.

**Current Principal Place of Business:**

3401 LAKE BREEZE DR.  
SUITE 601-A  
ORLANDO, FL 32808

**New Principal Place of Business:**

**Current Mailing Address:**

3401 LAKE BREEZE DR.  
SUITE 601-A  
ORLANDO, FL 32808

**New Mailing Address:**

FEI Number: 20-3760873      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

AMESTY, JUAN CARLOS DR.  
3401 LAKE BREEZE DR.  
SUITE 601-A  
ORLANDO, FL 32808 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: AMESTY, JUAN CARLOS  
Address: 5160 CLARION HAMMOCK DRIVE  
City-St-Zip: ORLANDO, FL 32808

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D ( ) Delete  
Name: AMESTY, DIMORAHT  
Address: 5160 CLARION HAMMOCK DRIVE  
City-St-Zip: ORLANDO, FL 32811

Title: D (X) Change ( ) Addition  
Name: AMESTY, DINORAHT  
Address: 5160 CLARION HAMMOCK DRIVE  
City-St-Zip: ORLANDO, FL 32811

Title: D ( ) Delete  
Name: RODRIGUEZ, EULOGIO A  
Address: 3401 LAKE BREEZE  
City-St-Zip: ORLANDO, FL 32808

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D ( ) Delete  
Name: LUGO, JUAN C  
Address: 3401 LAKE BREEZE  
City-St-Zip: ORLANDO, FL 32808

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUAN CARLOS AMESTY

PRE

06/22/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date